

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		10/25/90
O.I.P.E. CLASSIFIER		59	113
FORMALITY REVIEW	UNM	108231	110 99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	1/22/90
2	1/22/90
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	O ✓
19	✓
20	O ✓
21	✓
22	O ✓
23	✓
24	O ✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	O ✓
44	✓
45	O ✓
46	✓
47	O ✓
48	✓
49	O ✓
50	✓

Claim	Date
51	O ✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	-
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
72	O ✓
73	✓
74	O ✓
75	/ ✓
76	O ✓
77	✓
78	O ✓
79	✓
80	✓
81	/
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Claim	Date
110	
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy